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FOR ACTION

# RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

## Pakistan

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Pakistan with a duration of three years that supports activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $34,320,000 from general resources, subject to the availability of funds, and $35,038,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

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BASIC DATA
(1994 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 years) | 63.5 |
| U5MR (per 1,000 live births) | 137 |
| IMR (per 1,000 live births) | 95 |
| Underweight (% moderate and severe) (1991) | 40.4 |
| Maternal mortality rate (per 100,000 live births) | 500 |
| Literacy (% male/female) | 46/21 |
| Primary school enrolment (% gross, male/female) | 59/31 |
| Primary school children reaching grade 5 (%) | 47.8 |
| Access to safe water (%) (1991) | 79 |
| Access to health services (%) | 55 |
| GNP per capita | $430 |

One-year-olds fully immunized against: (1995)

| | |
|---|---|
| tuberculosis: | 78 per cent |
| diphtheria/pertussis/tetanus: | 66 per cent |
| measles: | 65 per cent |
| poliomyelitis: | 66 per cent |

Pregnant women immunized against:

| | |
|---|---|
| tetanus: | 30 per cent |

## THE SITUATION OF CHILDREN AND WOMEN

1. Pakistan, which has an estimated population of 128 million, has four provinces and four territories under federal administration, with variations in social indicators, socio-cultural practices and languages. However, many of the challenges faced by children and women are similar throughout the country. Although the economy has been growing in recent years, with the gross domestic product rising by 4.7 per cent in 1995, the pace of social development has been much slower.

2. Although data are not completely reliable, the situation of children and women is far from acceptable given the country's economic progress. Some 700,000 children die annually before reaching the age of five years, 35 per cent of them from diarrhoeal diseases. Other causes include acute respiratory infections (ARI), measles and neonatal tetanus. Underlying causes are poor care and hygiene practices, malnutrition, inadequate health care services and lack of access to sanitary facilities.

3. The country has made good progress towards polio eradication, universal salt iodization and universal access to safe water, and no cases of dracunculiasis (guinea worm disease) have been reported since 1993. The ratification of the Convention on the Rights of Child in 1990 and the subsequent withdrawal of reservations in 1995 represent another major success. However, achieving goals for sanitation, education, nutrition and protection poses serious qualitative and quantitative challenges. Inadequate food intake, frequent infections and poor caring practices result in a malnutrition rate of more than 40 per cent (10 per cent severe). Vitamin A deficiency is an unrecognized problem in parts of the country. Anaemia affects 60 per cent of children under five years of age and 65 per cent of women of reproductive age.

Data on maternal mortality are not consistent, but no significant improvement has been observed in recent years. Too many births, or those that are too close together or occur at too young an age, and women's poor nutritional status contribute to maternal mortality. Some 80 per cent of deliveries take place at home with untrained help and scant referral or back-up support to handle complications or emergencies.

4. Literacy levels have increased very slowly since 1950, reaching only an average of 35-40 per cent because of low rates of access to schools and a high drop-out rate. Irrelevant curricula, unstimulating teaching practices and unattractive classroom environments do not motivate children or their families. Child labour, lack of sanitary facilities and teacher absenteeism are contributing factors. A lack of community participation and support at home are underlying causes.

5. Children and women do not fully enjoy their rights because of the weakness of the legal protection framework, people's lack of awareness about their rights and weak monitoring systems. An estimated 8 million children are in the labour force. Existing laws against child labour are not enforced effectively and do not protect children adequately from exploitative and hazardous work. Children in prisons and in urban slums are particularly at risk of exploitation. In the population at large, there are more males than females, an indication of long-term discrimination against girls and women. Social attitudes, the feudal power structure and inequitable distribution of resources contribute to the low status of women. The Government is now in the process of ratifying the Convention on the Elimination of All Forms of Discrimination Against Women, an important step in a national process aimed at improving the position of women in Pakistan.

6. There is an extensive infrastructure to deliver basic social services through vertical programmes. However, only 20 per cent of the population use public health services and some 40 per cent of children complete primary education. Contributing factors include poor quality of services, lack of supplies, inappropriate behaviour of service providers and cultural barriers limiting women's mobility. Reliance on private practitioners is extensive, even by lower-income groups, which highlights the need to take into account a wide range of service providers. Service delivery is managed by officials at the district level, making them key partners in expanding coverage and monitoring services in order to achieve the goals for the decade.

7. Despite recent improvements at the policy level, the social sectors still lack resources. Existing allocations favour infrastructure, salaries and training of workers. High-cost water schemes have priority, while attention to sanitation is negligible. Physical and human resources are inefficiently deployed. Management skills are weak and programme managers are unmotivated. There is limited participation in development by non-governmental organizations (NGOs), community-based organizations, the private sector, the media and religious and political forces. There is little coordination of efforts or impact assessment. There is a lack of data disaggregated by gender, social group or sub-provincial areas, and more needs to be known about the magnitude, severity and location of disparities.

8. The Government's Social Action Programme (SAP) reflects a major positive change. It focuses on increased coverage and quality of basic services in health, primary education, family planning and rural water supply and sanitation, as well as institutional capacity-building and reduction of gender inequalities. SAP also provides an opportunity for coordination with major donors and United Nations agencies. The challenge is to transform SAP policies into action while developing mechanisms for community participation to ensure sustainable progress towards the decade goals.

## PROGRAMME COOPERATION, 1992-1996

9. The original objectives of the programme for the period 1992-1996 were reoriented to pursue the mid-decade goals by supporting immunization; the control of ARI; the control of diarrhoeal diseases; health management information systems; the training of traditional birth attendants; the promotion of breast-feeding through the Baby-Friendly Hospital Initiative; and universal salt iodization. Data on salt iodization indicate that production has increased from 5 to 25 per cent of national requirements since 1994. National Immunization Days and an Oral Rehydration Therapy Week showed positive results by supporting districts with intensive communication activities. UNICEF-supported activities in the water supply programme demonstrated low-cost schemes, using simple technologies with community participation. This led to the Government allocating funds to replicate the model. In education, UNICEF support to successful models implemented by NGOs encouraged Government recognition of the role of communities.

10. Overall, the programme used sectoral strategies, had many small and unconnected project activities and emphasized support for service delivery. Evaluations showed this approach to have limited sustainability and coverage. Studies demonstrated that intersectoral coordination and convergence of services at the village level, involvement of the private sector, community participation and involvement of women as community workers had more impact than top-down service delivery approaches alone.

11. Advocacy activities demonstrated that policies for children and women can be influenced favourably at federal and provincial levels and that increased resources can be mobilized for a broad range of social goals. The catalytic role of UNICEF has emerged more strongly, while a greater awareness of issues relating to children's and women's rights has opened up new opportunities for action.

RECOMMENDED PROGRAMME COOPERATION, 1996-1998

Estimated annual expenditure

(In thousands of United States dollars)

| | 1996 | 1997 | 1998 | Total |
|---|---|---|---|---|
| General resources | | | | |
| Health | 2 308 | 2 010 | 1 715 | 6 033 |
| Nutrition | 1 226 | 1 060 | 895 | 3 181 |
| Basic education | 2 298 | 2 000 | 1 700 | 5 998 |
| Water and environmental sanitation | 1 784 | 1 560 | 1 320 | 4 664 |
| District-intensive programme | 600 | 508 | 415 | 1 523 |
| Advocacy and communication | 1 812 | 1 570 | 1 314 | 4 696 |
| Monitoring and evaluation | 1 269 | 1 088 | 909 | 3 266 |
| Programme management and support | 1 573 | 1 644 | 1 742 | 4 959 |
| Subtotal | 12 870 | 11 440 | 10 010 | 34 320 |
| Supplementary funds | | | | |
| Health | 2 100 | 2 300 | ? 368 | 6 768 |
| Nutrition | 2 455 | 1 900 | 1 900 | 6 255 |
| Basic education | 2 070 | 2 300 | 2 645 | 7 015 |
| Water and environmental sanitation | 3 700 | 3 400 | 3 400 | 10 500 |
| Advocacy and communication | 1 800 | 1 800 | 900 | 4 500 |
| Subtotal | 12 125 | 11 700 | 11 213 | 35 038 |
| Total | 24 995 | 23 140 | 21 223 | 69 358 |

12. The short-duration "bridging" programme for the period 1996-1998 is a response to the shortcomings of the original programme for the period 1992-1996 and the need, felt by both UNICEF and the Government, for a major change of approach. However, this new approach will require time to develop fully. The programme also will synchronize UNICEF cooperation with Pakistan's five-year planning cycle and that of the other member agencies of the Joint Consultative Group on Policy. The programme was developed through a participatory process involving federal and provincial governments, UNICEF, other United Nations agencies, donors and NGOs. Programme strategies were refined and finalized during a national strategy meeting held in September 1995. Core activities, described below, to achieve the objectives of the programme will be funded from general resources. Supplementary funding will be used to expand coverage of specific activities within sectors and under the district-intensive programme.

Objectives and strategies

13. The programme must be seen in a wider context of national efforts towards human development. Civil society, including NGOs, community organizations, religious groups, the media, the private sector and families, also must become stronger partners in the development process. UNICEF cooperation will focus on children and women as beneficiaries of and participants in this process. UNICEF

will support the Government in moving towards selected goals for children. Steps towards achievement of the decade goals will promote implementation of the Convention on the Rights of the Child. The basic principles of the latter and of the Convention on the Elimination of All Forms of Discrimination Against Women provide an ethical framework for the programme.

14. Selected goals for the year 2000 in the national programme of action provide a basis for cooperation between UNICEF and the Government. These are: (a) to reduce maternal, infant and under-five mortality, with a focus on diarrhoeal diseases, vaccine-preventable diseases, iodine deficiency disorders (IDD) and ARI; (b) to reduce malnutrition in children; (c) to increase access to safe water and coverage of basic sanitation; and (d) to increase primary school enrolment and completion rates.

15. The intention is to support progress towards goals with the introduction of a "rights approach". This approach means that the state and civil society have obligations to respect, protect and fulfil all the rights enshrined in the two relevant Conventions. This will require the establishment of a high-quality process, characterized by participation, local ownership and empowerment.

16. The interrelated objectives of the programme are:

(a) To inform federal, provincial and district authorities, members of civil society and families and children about the idea that basic services are rights of women and children;

(b) To strengthen national capacity to expand coverage of basic services by 5 per cent compared to 1995 levels and increase utilization of services by at least 15 per cent compared to 1995 levels;

(c) To train at least 60 per cent of district teams to plan, manage, monitor and evaluate the delivery of services at the community level;

(d) To increase by at least 200,000 the number of girls and women trained and empowered to act as agents of change in their own families and communities;

(e) In selected districts, to demonstrate the synergistic effect of programme strategies for improving key indicators for selected goals and develop an operational model for district-intensive convergent programming for future replication;

(f) To increase the allocation and mobilization of additional resources by federal and provincial governments and within communities for primary health care (PHC), universal primary education and water supply and sanitation so as to ensure sustainable achievement of goals for children.

17. The mix and weight of strategies will begin to shift away from service delivery and towards a catalytic role to strengthen the capacity of the Government and civil society in support of expanded and sustainable service coverage. UNICEF will provide limited support for service delivery for demonstration and advocacy purposes. Emphasis on building partnerships and communication capacity will accelerate progress towards the goals in a way that fosters participation and empowerment.

18. The four broad strategies to be pursued within the various programme components outlined below are: (a) advocacy, to link social sector policies at the district level, promote legislation in conformity with the two Conventions and generate increased allocations to social development; (b) capacity-building,

to improve government services at the district level and to facilitate monitoring, evaluation and action by communities themselves, inter alia, to strengthen SAP; (c) social mobilization and communication, to strengthen partnerships with civil society and other donors; and (d) promotion of the participation of women and girls in programme activities, leading to their empowerment.

Health

19. UNICEF cooperation will help the Government to improve policies for PHC for implementation on a large scale. While the programme is national in scope, UNICEF assistance will support the design and implementation of selected initiatives to help demonstrate workable models. Successes and the processes used will be carefully documented to facilitate replication nationwide.

20. Support will be provided for the deployment of 100,000 female community health workers and the delivery of information to families on a broad range of health problems and concerns. Collaboration with NGO and donor partners will be strengthened. Procurement services will be provided to strengthen the country's capacity to address its own needs for basic supplies.

21. Technical and organizational capacities of health workers will be strengthened at district and subdistrict levels in selected districts through training and support to planning. The programme will look for ways to improve referral systems and stress intersectoral linkages. Collaboration with the education sector will focus on linking youth and women's health concerns with school curricula.

Nutrition

22. UNICEF will help to strengthen Government capacity to develop a comprehensive strategy and action plan to reduce protein-energy and micronutrient malnutrition. Activities will assist the Government and civil society to better understand the nature and cross-sectoral causes of malnutrition, promoting the assessment, analysis and action (the "triple A" approach) processes at community and other levels.

23. The experience gained in implementing the IDD control programme, i.e., fortification, legislation, media campaigns and social marketing, will be used to expand programmes to combat vitamin A and iron deficiencies. Support will continue to ensure iodization of at least 80 per cent of all edible salt by 1997.

Water and environmental sanitation

24. The programme will strengthen sanitation and hygiene through policy advocacy and increased resource allocations, by involving female sanitation promoters and by improving intersectoral linkages with health and education. Priority will be given to increasing sanitation coverage in girls' schools. Low-cost, community-based options will be supported for demonstration purposes. Technical assistance will be provided to expand national capacity to replicate experiences nationwide. Partnerships within SAP and among the Government, NGOs, community organizations, donors, the private sector and village committees will be supported for sustainability.

Education

25. The focus will be on improving primary education enrolment and completion rates, especially for girls, using both formal and non-formal approaches as components of a unified primary education system. The programme will have national coverage for selected activities, including advocacy and social mobilization; capacity-building of key government institutions that affect the delivery of educational services nationwide; training support to all districts, using a phased approach, to improve technical, analytical and managerial capacities for expanded and improved service delivery, stressing multisectoral linkages; and strengthening national and provincial education management information systems. Innovative non-formal approaches will be assessed for replicability. Local-level planning, management and monitoring will be encouraged. A strategy for teacher empowerment and community involvement will be tested further in selected communities.

Advocacy, social mobilization and programme communication

26. Advocacy will be carried out with federal and provincial policy makers, as will social mobilization to build partnerships between service providers and civil society. Communication activities, using a wide range of channels, will raise awareness of rights, provide families with information on action they can take themselves and create demand for improved services while increasing utilization. This will initiate an approach to service provision through a process which empowers people to participate in their own development and strengthens the quality and sustainability of services. Communication strategies and materials will support intersectoral linkages between activities in the areas of education, health, water and environmental sanitation and nutrition.

27. Support will be provided for improving the legislative framework relating to children's and women's rights, including review of laws from a rights perspective, advocacy for improved enforcement of laws, monitoring of violations and raising general awareness of rights. "Protection" issues, including birth registration, juvenile justice and child labour, will be given priority. The reduction of disparities, with a focus on gender issues, will be a key theme of all communication and advocacy activities. At the district level, support will be provided for the training of intersectoral groups of officials to enhance their skills in communication and in facilitating the participation of civil society.

District-intensive programme

28. In seven selected districts, and in conjunction with SAP, UNICEF will support activities for building capacities to integrate, expand, improve and sustain the delivery of basic social services. The programme will promote improved coordination among district officials so that services converge at the community level. Training facilitators and community-based mobilizers will build the capacities of communities to assess problems, analyse causes and design relevant actions, followed by monitoring. Facilitators will be chosen from among district and subdistrict extension workers and NGO staff, and mobilizers will be members of community organizations and other respected people in the community. A priority will be to engage women in both of those roles. The process and impact will be monitored and documented to build a knowledge base for wide-scale replication during the next country programme.

29. These capacity-building efforts will be linked to other activities and inputs will be provided within the programme and under SAP. This activity will provide not only an area-specific framework for UNICEF support, but create

sustainable partnerships between the Government and communities for SAP and other programmes that can be replicated and expanded to other districts.

Monitoring and evaluation

30. Strong monitoring and evaluation are key to the bridging programme. The programme will continuously monitor and document the relevance and usefulness of strategies to identify changes required and, more importantly, help determine the best mix of strategies to be pursued in the subsequent long-term UNICEF programme of cooperation. Capacity-building for monitoring and evaluation will be encouraged, especially at the district level, using "triple A" approaches and stressing participation, accountability and feedback.

31. There will be support to initiatives to compile information on indicators in a disaggregated manner, e.g., by gender and district, including assistance to a nationwide rapid assessment of key indicators, activities and resources down to district levels to obtain baseline data against which progress can be measured. This will be coordinated with activities implemented under SAP.

Cooperation with United Nations agencies and other partners

32. UNICEF participated in the preparation of the Government's country strategy note and continues to cooperate with the World Health Organization, the World Bank, the United Nations Population Fund, the United Nations Development Programme and the Asian Development Bank. Important bilateral partners are the Governments of Canada, Japan, the Netherlands and the United Kingdom. Coordinating mechanisms include the Multi-Donor SAP Steering Committee, of which UNICEF is a member.

33. UNICEF will continue to advocate increased resource allocations for children by these partners and by the Government, NGOs and community organizations. It will support implementation of SAP by sharing experiences in working with civil society and will work for improved coordination both with and among these partners.

Programme management

34. As the federal Government's focal point for cooperation with UNICEF, the Ministry of Health will ensure the cooperation of other ministries, promote information exchange and convene regular reviews. The Planning Commission will provide guidance on monitoring and evaluation and facilitate linkages between the bridging programme and the next country programme. Within the framework of the master plan of operations, programme plans of operations will be developed with line ministries and departments at federal, provincial, territorial and district levels.

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